

County: Walworth  
FAIRHAVEN CORPORATION  
435 STARIN ROAD

Facility ID: 3310

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WHITEWATER 53190 Phone: (262) 473-2140  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 84  
Total Licensed Bed Capacity (12/31/01): 84  
Number of Residents on 12/31/01: 81

Ownership:  
Highest Level License: Non-Profit Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 79

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.2
Supp. Home Care-Personal Care	Yes					1 - 4 Years		42.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years		14.8
Day Services	No	Mental Illness (Org./Psy)	8.6	65 - 74	2.5			-----
Respite Care	No	Mental Illness (Other)	3.7	75 - 84	27.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	23.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	2.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.0	65 & Over	98.8	-----		
Transportation	Yes	Cerebrovascular	11.1		-----	RNs		10.6
Referral Service	No	Diabetes	7.4	Sex	%	LPNs		8.6
Other Services	No	Respiratory	13.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	29.6	Male	12.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	87.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6	182	0	0.0	0	0	0.0	0	1	1.2
Skilled Care	4	100.0	384	37	94.9	107	0	0.0	0	32	84.2	159	0	0.0	0	0	0.0	0	73	90.1
Intermediate	---	---	---	2	5.1	89	0	0.0	0	5	13.2	148	0	0.0	0	0	0.0	0	7	8.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		39	100.0		0	0.0		38	100.0		0	0.0		0	0.0		81	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	17.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	8.6	53.1	38.3	81
Other Nursing Homes	3.0	Dressing	13.6	64.2	22.2	81
Acute Care Hospitals	67.4	Transferring	27.2	54.3	18.5	81
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	27.2	42.0	30.9	81
Rehabilitation Hospitals	5.2	Eating	65.4	22.2	12.3	81
Other Locations	6.7	*****				
Total Number of Admissions	135	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.9	Receiving Respiratory Care		7.4
Private Home/No Home Health	26.7	Occ/Freq. Incontinent of Bladder	50.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	21.0	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	26.7	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		45.7
Rehabilitation Hospitals	0.0					
Other Locations	8.4	Skin Care		Other Resident Characteristics		
Deaths	38.2	With Pressure Sores	9.9	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	131	With Rashes	1.2	Medications		
				Receiving Psychoactive Drugs		54.3

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.0	92.7	1.01	86.4	1.09	85.8	1.10	84.6	1.11
Current Residents from In-County	55.6	74.5	0.75	69.6	0.80	69.4	0.80	77.0	0.72
Admissions from In-County, Still Residing	15.6	27.9	0.56	19.9	0.78	23.1	0.67	20.8	0.75
Admissions/Average Daily Census	170.9	95.2	1.79	133.4	1.28	105.6	1.62	128.9	1.33
Discharges/Average Daily Census	165.8	95.2	1.74	132.0	1.26	105.9	1.57	130.0	1.28
Discharges To Private Residence/Average Daily Census	44.3	31.4	1.41	49.7	0.89	38.5	1.15	52.8	0.84
Residents Receiving Skilled Care	91.4	91.4	1.00	90.0	1.01	89.9	1.02	85.3	1.07
Residents Aged 65 and Older	98.8	97.3	1.01	94.7	1.04	93.3	1.06	87.5	1.13
Title 19 (Medicaid) Funded Residents	48.1	64.2	0.75	68.8	0.70	69.9	0.69	68.7	0.70
Private Pay Funded Residents	46.9	29.6	1.59	23.6	1.99	22.2	2.11	22.0	2.13
Developmentally Disabled Residents	0.0	0.7	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	12.3	36.0	0.34	36.3	0.34	38.5	0.32	33.8	0.37
General Medical Service Residents	29.6	21.3	1.39	21.1	1.40	21.2	1.40	19.4	1.53
Impaired ADL (Mean)	48.1	49.0	0.98	47.1	1.02	46.4	1.04	49.3	0.98
Psychological Problems	54.3	50.2	1.08	49.5	1.10	52.6	1.03	51.9	1.05
Nursing Care Required (Mean)	8.0	7.5	1.07	6.7	1.19	7.4	1.08	7.3	1.09